DR 2432 (12/23/14)

COLORADO DEPARTMENT OF REVENUE

Division of Motor Vehicles

Registration Section

www.colorado.gov/revenue

## **Fallen Service Member**

C.R.S. 42-3-213(15); 1 CCR 204-10 Rule 15. Fallen Service Member License Plates

**Instructions:** <u>Submit this application and all required documentation to your county of residence</u>. This plate type is not maintained in inventory, and is manufactured upon request through a Print On Demand Process.

Please verify the address (mailing if applicable) to ensure proper delivery of the license plate. Within 3 weeks the following will be mailed to you:

• License Plates • Validation Tabs • Activation Instructions • Activation Code

Name of Applicant					
Legal Name if Different: (Maiden, Legal Change, Adoption, etc.) Suppl	y Supporting D	Occumentation			
Registration Address		City		State	ZIP
County Where Vehicle(s) Will Be Registered (Required Field)	Daytime Pho	one Number	Fay N	umber	
County Where Vernole(b) Will De Regionered (Required Field)	( )	The Hamber	(	)	
Fallen Service Member License Plates					
To receive the Fallen Service Member License Plate Revised Statute 42-3-213(15):	the followin	g criteria must be met in	accoi	dance v	with Colorado
1. Proof must be supplied that the service memb	er died in tl	ne line of duty while serv	ing in	the arm	ed forces.
<ol><li>Acceptable proof is member's DD-214, Service death certificate etc.</li></ol>	e Record, F	Report of Casualty (DD-1	300),	officially	issued documents,
<ol><li>Applicant must provide documentation that they a the service member.</li></ol>	are the curre	ent or past spouse, child,	sibling	, grandp	arent, or parent of
Name of Service Member	Bra	anch of Service			
Select ONLY ONE: (Personalization is NOT allowed)					
☐ Fallen Air Force (Airman) ☐ Fallen Army (Soldier) ☐ Fallen Marine(s) ☐ Fallen Coast Guard (Guardsman) ☐ Fallen Navy (Sailor)					
Please note that <b>original proof of qualification doc</b> of all documentation. Copies will be used for certificate returned if the application is denied.					
Number and	Type of Ve	hicles to be Plated			
Check all that apply and record the number of vehicle registration that is plated with a Fallen Service Mem			me mı	ust be li	sted on any
Plate Type Requested (check all that apply)					
☐ Passenger Vehicle(s): Number of (Passenger, Light Truck, Farm Truck, Motor Homes		· · · · ——		Num	ber of Motorcycles
I certify, under penalty of perjury that the above statements are tri			e.		
Applicant Signature					Date of Signature